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PTO/SB/81 (01-06)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10 / 720 914
Filing Date	11-24-2003
First Named Inventor	Robert Longman
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint: myself

☐ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert Longman & Sophiac.Li				
Address	207 East Ohio, Suite #113				
City	Chicago	State	IL	Zip	60611
Country	U.S.A.				
Telephone	312-842-1500	Email	rlongman259@yahoo.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

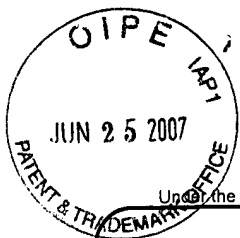
Signature	<u>Robert Longman</u>	Date	06-21-2007
Name	Robert Longman	Telephone	312-842-1500
Title and Company	Smart Auctions, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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☐ The address associated with Customer Number:

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<input checked="" type="checkbox"/> Firm or Individual Name	Robert Longman & Sophia C. Li				
Address	207 East Ohio, #113				
City	Chicago	State	IL	Zip	60611
Country	U.S.A.				
Telephone	312-842-1500	Email	rlongman259@yahoo.com		

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Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<u>Sophia C. Li</u>	Date	06/21/07
Name	Sophia C. Li	Telephone	312-842-1500
Title and Company	Smart Auctions, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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